



City of Rocklin

3970 Rocklin Road
Rocklin, California 95677
Phone: (916) 625-5000
www.rocklin.ca.us

BUSINESS LICENSE APPLICATION

NAME OF BUSINESS / DBA:		BUSINESS PHONE:	
BUSINESS STREET LOCATION:	SUITE#:	CITY / STATE:	ZIP CODE:
MAILING STREET ADDRESS (IF DIFFERENT):	SUITE#:	CITY / STATE:	ZIP CODE:
COMPANY WEBSITE ADDRESS (IF APPLICABLE):			
DESCRIBE PROPOSED USE (IN DETAIL)			
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY CORPORATION		
BUSINESS OWNER'S NAME:	NAMES OF PARTNERS OR OFFICERS:		

NOTE: THE INFORMATION ABOVE THIS LINE WILL BE MADE PUBLIC UPON REQUEST.

BUSINESS OWNER / PARTNER / OFFICER NAME:		EMAIL ADDRESS:	
HOME STREET ADDRESS:	CITY / STATE:	ZIP CODE:	PHONE:
SOCIAL SECURITY #:	FEDERAL EMPLOYER ID #:	STATE EMPLOYER ID #:	STATE BOARD OF EQUALIZATION #:
NUMBER OF FULL TIME EMPLOYEES:	STATE CONTRACTOR'S LICENSE #:	EXPIRATION DATE:	CLASS:
OTHER KEY MANAGERS NAME/TITLE:		EMAIL ADDRESS:	
<p>I acknowledge and understand that the Business License Certificate issued by the City of Rocklin is a receipt evidencing that I have paid the City of Rocklin business license tax imposed under Chapter 5.04 of the Rocklin Municipal Code for the year indicated. Issuance of the certificate does not entitle me to carry on the business without complying with all other City building and zoning ordinances and all other applicable laws. I take full and sole responsibility for determining that the business location stated above has the proper zoning and is in the appropriate type of structure, and for securing all necessary approvals prior to commencement of business at this location.</p> <p>I certify that the above information above is true and correct.</p>			
SIGNATURE:		TITLE:	DATE:



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WORKER'S COMPENSATION DECLARATION

CERTIFICATION OF WORKERS' COMPENSATION COMPLIANCE

NOTE: EVERY BUSINESS APPLYING FOR A BUSINESS LICENSE FROM THE CITY OF ROCKLIN MUST PROVIDE PROOF OF VALID WORKERS' COMPENSATION INSURANCE OR OTHER PROOF OF COMPLIANCE WITH THE PROVISIONS OF SECTION 3700 OF THE CALIFORNIA LABOR CODE.

I hereby affirm under penalty of perjury one of the following declarations:

- ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the California Labor Code, for the performance of the work for which this license is issued. Proof of workers' compensation coverage is attached.
- ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation insurance, as required by Section 3700 of the California Labor Code, for the performance of the work for which this license is issued. A copy of the certificate of consent to self-insure is attached.
- ☐ I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the California Labor Code, I shall forthwith comply with those provisions or this business license may be revoked.

NAME OF BUSINESS:

AUTHORIZED SIGNATURE:

DATE:



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CERTIFICATE OF OCCUPANCY APPLICATION

PART I – APPLICANT MUST SUPPLY ALL REQUIRED INFORMATION OR INDICATE “N/A” OR “UNKNOWN”

NAME OF BUSINESS / DBA:		BUSINESS PHONE:	
BUSINESS STREET LOCATION:		SUITE#:	ZIP CODE:
MAILING STREET ADDRESS (IF DIFFERENT):	CITY:		ZIP CODE:
DESCRIBE PROPOSED USE (IN DETAIL)			
<input type="checkbox"/> SOLE PROPRIETORSHIP		<input type="checkbox"/> CORPORATION	
<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> LIMITED LIABILITY CORPORATION	
PROPERTY OWNER'S NAME:			
NAMES OF PARTNERS OR OFFICERS:		PRIOR USE OR TENANT:	
INDICATE NAME OF BUSINESS OWNER(S) TO BE LISTED ON CERTIFICATE:		CONTACT PERSON FOR INSPECTION APPOINTMENT:	
		CONTACT PERSON'S PHONE:	DAYS/HOURS AVAILABLE:

APPLICANT MUST COMPLETE ITEMS A - L

BUILDING	A.) <input type="checkbox"/> Yes <input type="checkbox"/> No Are any building alterations planned?	FIRE	K.) <input type="checkbox"/> Yes <input type="checkbox"/> No Is building fire sprinklered?
	B.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has a permit been obtained / applied for?		
	C.) <input type="checkbox"/> Yes <input type="checkbox"/> No Are any new signs planned?		L.) If any of the following equipment or material is required for the proposed use, please check box below, and specify size, type or quantity on an “attachment”.
	D.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has a permit been obtained / applied for?		
	E.) <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be outside storage?		
	F.) <input type="checkbox"/> Yes <input type="checkbox"/> No Continuation of existing use?		
	G.) Number of employees including business operators: _____		<input type="checkbox"/> Grease hood <input type="checkbox"/> Storage racks
	H.) Floor area devoted to use (sq ft): _____		<input type="checkbox"/> Wood working <input type="checkbox"/> Explosives
	I.) Number of available restrooms: _____		<input type="checkbox"/> Flammable liquids <input type="checkbox"/> Spray Painting
	J.) Anticipated date of business opening: _____		<input type="checkbox"/> Other hazardous materials

PART II - OFFICIAL USE ONLY

SIGNOFFS REQUIRED AS CHECKED:		APPROVED BY:	DATE:	CONDITIONAL APPROVAL (LIST CONDITIONS BELOW)
<input type="checkbox"/> Building Division (625-5120)				
<input type="checkbox"/> Engineering Division (625-5140)				
<input type="checkbox"/> Fire Dept (625-5300)				
<input type="checkbox"/> Planning Division (625-5160)				
<input type="checkbox"/> Police Dept (625-5400)				
<input type="checkbox"/> Public Works Dept (625-5500)				
<input type="checkbox"/> PCHD (Health Dept) (530-889-7141)				
<input type="checkbox"/> SPMUD (Sewer) (652-5877)				
<input type="checkbox"/> Other:				
OCCUPANCY:	ZONING:	TYPE CONSTRUCTION:		ASSESSOR'S PARCEL #:
BUILDING PERMIT #:	FINAL DATE:	C.O. NUMBER:	DATE ISSUED:	CERTIFICATE APPROVED BY:

ROUTE: ☐ Building ☐ Planning ☐ Fire ☐ Police ☐ Placer Health ☐ Air Pollution Control District

Shell Final Date: _____



Rocklin Police Department

Mark J. Siemens, Chief of Police
4080 Rocklin Road
Rocklin, California 95677
(916) 625-5400

EMERGENCY CONTACT INFORMATION FORM

Firm:	Type of Business:
Address:	Firm Phone:
Owner/Manager:	Home Phone:
Address:	

CONTACT PERSON(S)

List person(s) that can be contacted after business hours. If person listed has key to business, check "Key".

[KEY]

1. _____ ☐ PHONE: _____
2. _____ ☐ PHONE: _____
3. _____ ☐ PHONE: _____

BUSINESS INFORMATION

BUSINESS HOURS:	Monday:	Tuesday:	Wednesday:
Thursday:	Friday:	Saturday:	Sunday:

ALARM: ☐ No ☐ Yes If yes, is it ☐ AUDIBLE or ☐ SILENT and is a ☐ HOLD UP or ☐ BURGLARY alarm.

Alarm Company:		Phone Number:	
Alarm Number:	Panel Location:		Reset Code:
Alarm Type:	Reset Minutes:	Address at Rear:	
Police Department Has Key?	Dog on Premise?	Gun on Premise?	VIP Residence?

COMMENTS:

Today's Date _____ Opening Date: _____

If in the future there are any changes or additions to the above information, please contact the Rocklin Police Department at (916) 625-5400.

PLACER COUNTY

DIVISION OF ENVIRONMENTAL HEALTH (PCDEH)

11454 "B" AVENUE, AUBURN, CALIFORNIA 95603
(530) 745-2300

Receipt _____

Date _____ \$ _____

HAZARDOUS MATERIALS AND EMISSIONS QUESTIONNAIRE

Issuing Building Department:

☐ Auburn ☐ Colfax ☐ Lincoln ☐ Loomis ☒ Rocklin ☐ Tahoe ☐ Placer County

BLDG. PERMIT # _____ ASSESSOR'S PARCEL # _____

PROJECT NAME _____

PROJECT ADDRESS _____

NATURE OF BUSINESS _____

CONTACT PERSON _____ TELEPHONE # (____) _____

MAILING ADDRESS _____

Pursuant to California Government Code Section 65850.2 the following information is requested as part of the commercial building permit application:

1. Does / Will you or your building occupant's business handle, store, or transport hazardous materials? **NO** ____ **YES** ____

NOTE: Hazardous materials are defined as any material that, because of its quantity, concentration, or physical or chemical characteristics, poses a significant present or potential hazard to human health and safety or to the environment if released into the workplace or the environment. "Hazardous Materials" include, but are not limited to, hazardous chemicals, hazardous waste, paints, oils, lubricants, fuels and any material which a handler or the administering agency has a reasonable basis for believing to be injurious to the health and safety of persons or harmful to the environment if released.

If YES, contact the Placer County Division of Environmental Health at **(530) 745-2300** for a review of the project.

2. Does the business/facility/operation have the potential to emit any air pollutant; e.g., dust, soot, odors, fumes, vapors, or other volatile organic compounds? **NO** ____ **YES** ____

If YES, contact the Placer County Air Pollution Control District (PCAPCD) at **(530) 889-7130** for permit requirements

3. Is the business/facility/operation to be located within 1000 feet of the outer boundary of a school or school site? **NO** ____ **YES** ____

Name of School _____

Company Representative _____
(Signature)_____
(Date)

PCDEH PCAPCD

☐ ☐ The application has met or is meeting the applicable requirements of Section 25505, 25533, and 25534 of the Health and Safety Code and the requirements for a permit from the Placer County Air Pollution Control District.

☐ ☐ The above regulations do not apply to this facility at this time.

PCDEH _____
(Date)PCAPCD _____
(Date)

DISTRIBUTION

WHITE-Bldg. Dep. (Completed Copy)

BLUE-Env. Health

YELLOW-APCD

PINK-Bldg. Dept.



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City of Rocklin

INFORMATIONAL SHEET

GENERAL INFORMATION

WHY DO I NEED A BUSINESS LICENSE?

The City of Rocklin imposes an annual tax on all businesses, trades, and professions operating in the City. The Business License Certificate is proof that the tax has been paid and must be updated annually as a condition of conducting the business.

WHY DO I NEED A CERTIFICATE OF OCCUPANCY?

A Certificate of Occupancy is your authorization to conduct business in a specific building/suite. It differs from the Business License in that it is intended to review the suitability for your proposed business in this building/suite. Typically, lending institutions and insurance companies require this document. **BEFORE SIGNING A LEASE** for the tenant space/building, you should check with the Rocklin Building Division to verify the intended use is in the appropriate type of structure.

WHAT ABOUT ZONING?

Obtaining a Business License Certificate does not mean your business location has the proper zoning. **BEFORE SIGNING A LEASE** for the tenant space/building, you should check with the Rocklin Planning Division to verify that the intended use is in the proper location.

BUILDING DEPARTMENT COMMENTS

It is the applicant's responsibility to schedule the necessary departmental inspections/approvals. Building approvals can be expedited by contacting the Building Division at (916) 625-5120 directly to arrange for the necessary inspections.

Failure to obtain departmental approvals can result in delays to your scheduled opening.

The applicant must contact the Building Division as soon as possible and no later than 5 working days before the scheduled date of opening to arrange for the necessary review/inspection.

It is imperative that you do not open for business until you have been given written approval from the Building Official. A Certificate of Occupancy will be mailed to you upon receipt of all proper approvals. If you are in the process of remodeling, including changing or adding signs, and have not obtained a building permit, please contact the Building Division to verify if a permit is required. If so, you will be given instructions on how to proceed in applying for the necessary permit(s).

FIRE INSPECTION

All new businesses, applying for a Certificate of Occupancy, require a Fire Department inspection and clearance prior to opening for business.

Inspections are made weekly on Wednesday through Friday, from 1:00 p.m. to 4:00 p.m.

Inspection appointments can be made by contacting the Fire Department at (916) 625-5300, Monday through Friday, 9:00 a.m. to 4:00 p.m. and **must be made a minimum of 24 hours in advance.**

BASIC REQUIREMENTS:

1. Provide a 2A:10BC (5 lb.) multi-purpose fire extinguisher which is mounted in an easily accessible and readily visible area.
2. Use of extension cords as a permanent wiring method is not permitted.
3. Aisle ways shall not be less than three (3) feet clear width.
4. Electrical breaker boxes shall be closed, labeled and in an accessible location.
5. Any further requirements will be made, if applicable, upon site inspection.

OTHER AGENCIES (NON-CITY)

In addition to a business license, the applicant may need to obtain one or all of the following:

FICTITIOUS BUSINESS NAME STATEMENT

Placer County Clerk-Recorder's Office
2954 Richardson Dr.
Auburn, California 95603
(530) 889-5600

SELLER'S PERMIT

California State Board of Equalization
3321 Power Inn Road, #210
Sacramento, California 95826
(800) 432-2829

California Labor Code Section 3711 requires every applicant for a Business License Certificate to provide proof of worker's compensation coverage or exemption therefrom.



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BUSINESS LICENSE GROSS RECEIPTS WORKSHEET

MANUFACTURING & PUBLIC UTILITIES

Name of Business: _____

2006 - 2007 ESTIMATED GROSS RECEIPTS \$ _____
(From opening date to June 30, 2007)

2006 - 2007 ESTIMATED BUSINESS LICENSE TAX \$ _____
(Based on schedule below)

MANUFACTURING & PUBLIC UTILITIES SCHEDULE

\$200 plus \$0.50 per \$1,000 of annual gross receipts over \$200,000

(Signature)

(Title)

(Date)

ADDITIONAL FEES	
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(Effective July 1, 2006)	
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BUSINESS LICENSE APPLICATION (Review of application for new business or change of business license information)	\$11.00
CERTIFICATE OF OCCUPANCY (For businesses operating from a commercial site within the city limits)	\$202.00
HOME OCCUPATION PERMIT (For businesses operating from a residence within the city limits)	\$75.00